Making eHealth a Clinical Priority for Nurse Leaders

Transforming and Integrating the Chief
Nurse Executive's Operational Agenda with
the Corporate eHealth Agenda

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Project GEMINI

Leading with Innovation
Serving with Compassion

ST. MICHAEL'S HOSPITAL
A teaching hospital affiliated with the University of Toronto

Agenda

- About St. Michael's Hospital – Who We Are
- Making eHealth a Nursing Priority @SMH
- Professional Practice & Clinical Informatics through eHealth
- WHY - Transition to an eHealth Practice Agenda
- Sustainability Partnerships, Structures & Strategies that Support ICT Adoption
- Lessons Learned

Who We Are?

Annual Operating budget $496 M

4883 total staff

> 619 physicians & midwives
>
> 1542 nurses
>
> 730 medical residents & clinical fellows
>
> 363 nursing students

530 adult inpatient beds

8750 inpatient surgeries

25,825 day surgeries

54,556 emergency visits

Making eHealth a Nursing Priority @SMH

1. 2001 SMH IM Strategic Plan – major investment in ICT infrastructure & tools for the development of its EPR through Project Gemini.

2. 2004 Corporate Strategic Plan – EPR goals/objectives (annualized)

3. 2005 Nursing Strategic Plan
   - Inaugural plan –
     - sole focus on professional nursing services to ensure that patients had timely access to and would receive the highest quality nursing services.
     - Included five strategic directions

Nursing Strategic Plan's Five Directions

Nursing Excellence Through Our Culture of Caring, Innovation and Scholarship

1. Enhancing a Culture of Caring	2. Cultivating a Culture of Discovery	3. Embedding Clinical Scholarship	4. Creating a Healthy Work Culture by Strengthening Partnerships	5 Embracing Technology and Innovation in Patient Care

5th strategic direction would serve as the "lever" – eHealth Practice Agenda

Professional Practice & Clinical Informatics through eHealth
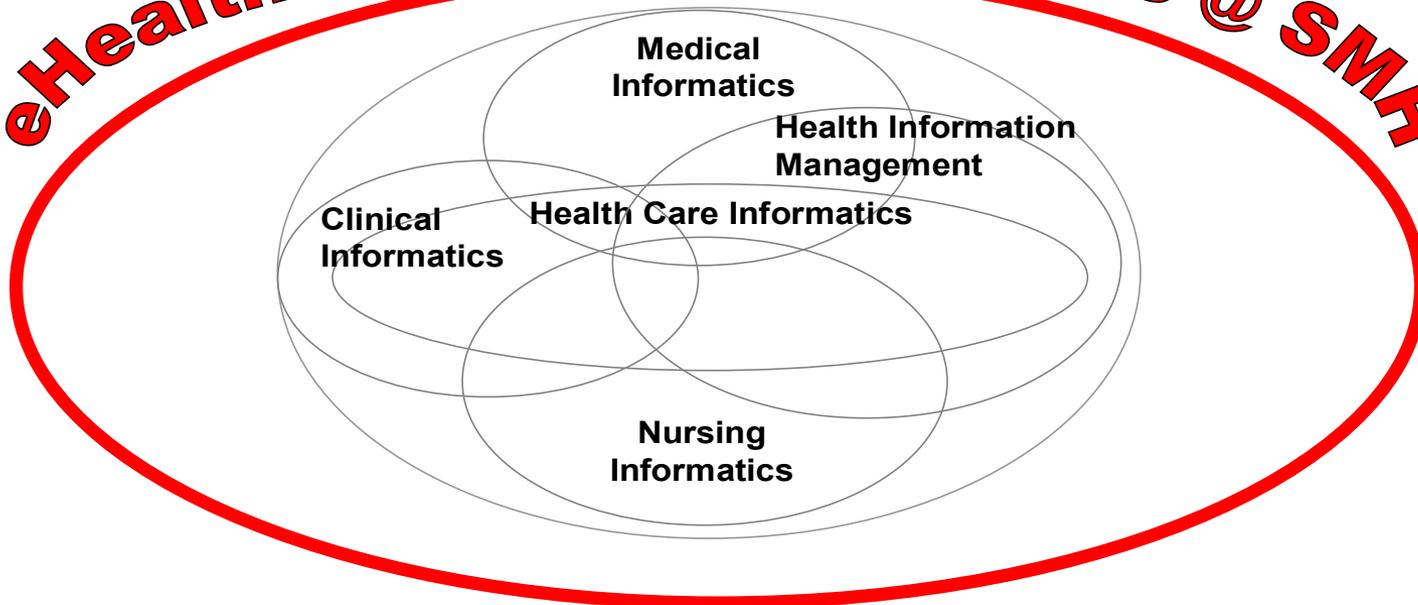
Embracing Technology and Innovation in Patient Care – Through *Clinical Informatics*

References – Englebart, S., Nelson, R. (2002). Health Care Informatics – An Interdisciplinary Approach, xviii. Eysenbach, G. (2001). "What is eHealth". J Med Internet Res 3(2):e20.

WHY - Transition to an eHealth Practice Agenda

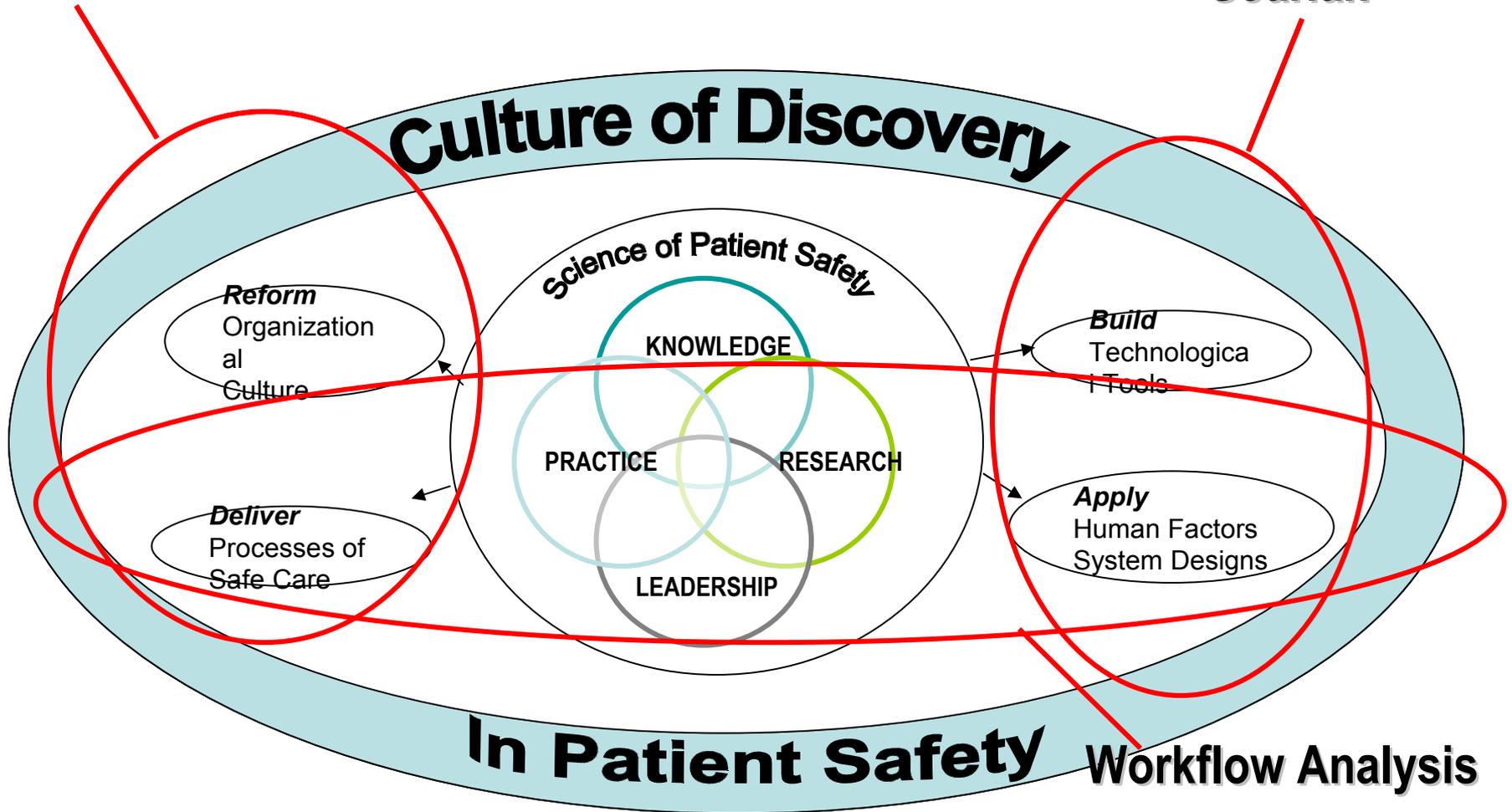IOM Health Profession's Competencies* Adopted in SMH's Nursing Strategic Plan –

(1) provide patient-centered care,

(2) work in interdisciplinary teams,

(3) employ evidenced-base practice,

(4) apply quality improvement and fundamental to the preceding four,

(5) make use of informatics.

*Reference - IOM Quality Initiative, Health Professions Education: A Bridge to Quality Report (2003)

CNIA Conference 2007 – Oct. 1-3'07, Toronto, ON

SMH EPR Implementation Framework

Interdisciplinary Model of Care

Soarian

Culture of Discovery

Science of Patient Safety

Reform Organizational Culture

KNOWLEDGE

Build Technological Tools

PRACTICE   **RESEARCH**

Deliver Processes of Safe Care

LEADERSHIP

Apply Human Factors System Designs

In Patient Safety

Workflow Analysis

Safe Systems in Health Care

Quality Care

Evidence-Based Practice / Best Practices

Communications / Relationships

Teaching / Learning Environments

Adapted from D. Affonso and D. Doran Patient Safety Framework (2002)

WHY - Transition to an eHealth Practice Agenda continued…

May 2007 - eClinical Documentation Project launch

- Adoption of new core "informatics leadership" role dimensions
- Meet SMH's vision of clinical transformation…

WHY - Transition to an eHealth Practice Agenda continued..

- SMH current state – "informatics" as essential skill set
  - Minimal progress – recognized with post implementation results of Gemini's NMOE Project
    - S&S - slow uptake, limited clinician adoption & lack of clinician engagement

Sustainability Partnerships, Structures & Strategies that Support ICT Adoption

- Key Clinical Partnerships
- Clinical Informatics Program Structure
  - Formalized ICT and Professional Practice partnership structure serves as the interface vehicle that integrates SMH's patient care programs/services with the information and communication technology (ICT) department.
    - Hybrid, matrix reporting by the Director, Clinical Informatics to the EVP/CNE and CIO.
- Benefits
  - structure and associated partnerships facilitate the integration of clinical practice and IT strategies that will guide the necessary care transformation with EPR activities.

Lessons Learned…as we move forward

- EPR projects require consistent executive and clinical leadership at all levels; input and formal participation to ensure the needs of our stakeholders are met in achieving corporate goals/objectives.
- "Informatics education" is needed for all clinicians through a formalized clinical informatics program & structure.
- Pilot sites are key to effective hospital wide implementations.
- Monitor "suspect" timelines that may be too ambitious given the complexity of the project.
- The next phase of systems are complex and require a lot of groundwork and greater support for clinicians
  - They will cross disciplines and programs, integrate information and change clinical workflow
- The willingness to change is vital to the hospital's success

Summary Highlights

Commitment to clinical transformation and Project Gemini is now greater than ever:

- Board of Directors & CEO
- EVP/CNE & EVP/CMO; CIO, CAO
- Professional Practice/Program Directors & Director, Clinical Informatics; IT Directors
- Clinical/IT Management
- Clinical staff throughout SMH
- Partners – Vendors

Summary Highlights continued…

Project Gemini is an enabler of clinical transformation – <u>not</u> the driver behind it.

Interdisciplinary care, workflow redesign and technology at the point of care are each essential to achieving the benefits associated with clinical transformation…

through a robust Clinical Informatics Program infrastructure and an eHealth Practice Agenda.

Thank You!